

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017970

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

31

Primary Registration District No.

4040

Registrar's No.

17

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

BENTON

b. CITY (If outside corporate limits, give TOWNSHIP only)

- TOWN Cole CAMP

Length of stay in 1b

4 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Cole CAMP, MO.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY BENTON

c. CITY

OR TOWN Cole CAMP

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Cole CAMP

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RUDOLF JULIUS KRANZ

4. DATE OF DEATH

Month

Day

Year

MAY 21 1962

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-17-1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MINISTER

10b. KIND OF BUSINESS OR INDUSTRY

MINISTRY

11. BIRTHPLACE (City and state or country)

GERMANY

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

AUGUST KRANZ

13b. MOTHER'S MAIDEN NAME

MARTA SCHMIDT

14. NAME OF HUSBAND OR WIFE

OTTILIA BUSKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

A OTTILIA KRANZ Cole CAMP, MO.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary occlusion

DUE TO (c)

Coronary Thrombosis -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

cardiac decompensation

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 19 61 to May 21 and last saw him alive on May 20

Death occurred at 12:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arthur Gonzalez Jr

22b. ADDRESS

Cole Camp Mo

22c. DATE SIGNED

5-22-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

MAY 24, 1962

23c. NAME OF CEMETERY OR CREMATORY

BRAUERVILLE

23d. LOCATION (City, town, or county)

BENTON

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

CHARLES F. FOX Cole CAMP, MO.

25. DATE RECD. BY LOCAL REG.

5-24-62

26. REGISTRAR'S SIGNATURE

E K Bickhoff

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Palo Alto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.